



ANNUAL STATEMENT
For the Year Ending December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer #
KATHY KUDRAY D.O.	Chief Medical Officer #

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES LAKISHA ATKINS
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State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DAVE MAZURKIEWICZ (Printed Name) 2. Treasurer (Title)	(Signature) CAROL SOLOMON (Printed Name) 3. Assistant Treasurer (Title)
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Subscribed and sworn to before me this day of , 2012	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
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(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
STATE OF MICHIGAN	371,086					371,086
GENTILOZZI REAL ESTATE INC	15,108					15,108
EVOLVE TELE-SERVICES INC	31,654					31,654
ALDINGER INC	10,432					10,432
NATIONAL COUNCIL ON ALCHOLISM/LANSING	13,685	5,407	10,628	2,628	2,628	29,720
DAVIS CARTAGE COMPANY	54,609					54,609
MED ASSURANT INC	31,091					31,091
METALIST INTERNATIONAL INC.	7,700	9,312				17,012
0299997 Subtotal - Group Subscribers:	535,363	14,719	10,628	2,628	2,628	560,712
0299998 Premium due and unpaid not individually listed	181,184	33,538	4,543	14,017	14,017	219,265
0299999 Total group	716,547	48,258	15,171	16,646	16,645	779,977
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	716,547	48,258	15,171	16,646	16,645	779,977

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
MATERNITY CASE RATE RECEIVABLE	1,411,432	158,418	57,302	88,010		1,715,162
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,411,432	158,418	57,302	88,010		1,715,162
0799999 Gross health care receivables	1,411,432	158,418	57,302	88,010		1,715,162

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Individually Listed Claims Unpaid						
UNIVERSITY OF MICHIGAN	10,178					10,178
UNIVERSITY OF MICHIGAN	10,178					10,178
UNIVERSITY OF MICHIGAN	10,178					10,178
REGENTS OF U OF M/UM	10,179					10,179
UNIVERSITY OF MICHIGAN	10,179					10,179
HARPER UNIVERSITY HO	10,718					10,718
IONIA DIALYSIS	10,745					10,745
MT CLEMENS REGIONAL	10,800					10,800
MT CLEMENS REGIONAL	10,800					10,800
RUSSO, SCOTT	11,025					11,025
RELIENT RENAL CARE	11,992					11,992
GENESYS REGIONAL MED	12,886					12,886
SPARROW HOSPITAL	13,035					13,035
SPARROW HOSPITAL	13,035					13,035
MCLAREN REGIONAL MED	13,066					13,066
REHABILITAITON INSTITUTE	14,120					14,120
SPARROW HOSPITAL	14,371					14,371
MIDMICH MED CENTR MI	14,376					14,376
MIDMICH MED CENTR MI	14,376					14,376
SPARROW HOSPITAL	15,701					15,701
SPARROW HOSPITAL	15,701					15,701
HURLEY MEDICAL CENTER	15,727					15,727
HENRY FORD MACOMB HOS	16,661					16,661
HENRY FORD MACOMB HOS	16,661					16,661
SPARROW HOSPITAL	16,708					16,708
REGENTS OF U OF M/UM	16,860					16,860
RENAL TREATMENT	16,909					16,909
SPECTRUM HEALTH BUTT	17,026					17,026
MCLAREN REGIONAL MED	17,520					17,520
SPARROW HOSPITAL	17,753					17,753
SPARROW HOSPITAL	17,753					17,753
BARBARA ANN KARMANOS	17,844					17,844
BARBARA ANN KARMANOS	17,844					17,844
SPARROW HOSPITAL	18,449					18,449
SPARROW HOSPITAL	18,449					18,449
SPARROW HOSPITAL	18,947					18,947
SPARROW HOSPITAL	18,947					18,947
PROCTOR HOSPITAL	19,227					19,227
SPARROW HOSPITAL	19,700					19,700
RENAL TREATMENT	28,144					28,144
SPARROW HOSPITAL	31,857					31,857
INGHAM REGIONAL HOSPITAL	33,683					33,683
INGHAM REGIONAL HOSPITAL	33,683					33,683
MCLAREN REGIONAL MED	36,023					36,023
MCLAREN REGIONAL MED	36,023					36,023
REGENTS OF U OF M/UM	59,725					59,725
SPARROW HOSPITAL	65,900					65,900
0199999 Total - Individually Listed Claims Unpaid	901,662					901,662

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	20,789,633	62,280	12,125	9,597	3,129	20,876,764
0499999 Subtotals	21,691,295	62,280	12,125	9,597	3,129	21,778,426
0599999 Unreported claims and other claim reserves						13,989,473
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						35,767,899
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,125,581

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTHCARE CORPORATION	136,401				11,911	124,490	
HEALTH ADVANTAGE INC.	788,993					788,993	
MCLAREN HEALTH PLAN INSURANCE COMPANY	71,165					71,165	
MCLAREN MEDICAL GROUP				573	573		
MCLAREN HEALTH PLAN COMMUNITY			20			20	
0199999 Total - Individually listed receivables	996,558		20	573	12,484	984,668	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	996,558		20	573	12,484	984,668	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
MCLAREN HEALTH CARE CORPORATION	PROFESSIONAL SERVICES	845,719	845,719	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	84,795	84,795	
HEALTH ADVANTAGE INC.	PREFESSIONAL SERVICES	511,091	511,091	
0199999 Total - Individually listed payables	X X X	1,441,605	1,441,605	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	1,441,605	1,441,605	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	63,983,150	24.793	93,427	100.000	63,983,150	
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	63,983,150	24.793	93,427	100.000	63,983,150	
Other Payments:							
5.	Fee-for-service	4,052,507	1.570	X X X	X X X		4,052,507
6.	Contractual fee payments	190,035,357	73.637	X X X	X X X	174,463,616	15,571,741
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	194,087,864	75.207	X X X	X X X	174,463,616	19,624,248
13.	TOTAL (Line 4 plus Line 12)	258,071,014	100.000	X X X	X X X	238,446,766	19,624,248

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,005,408	.....	724,654	.....	280,754	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,005,408	.....	724,654	.....	280,754	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	91,918	26	13,003						78,889	
2. First Quarter	91,665	34	13,863						77,768	
3. Second Quarter	91,106	35	15,008						76,063	
4. Third Quarter	92,057	34	16,305						75,718	
5. Current Year	93,427	35	17,163						76,229	
6. Current Year Member Months	1,107,698	415	184,250						923,033	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	659,036	242	538,249						120,545	
8. Non-Physician	117,380	41	92,079						25,260	
9. TOTAL	776,416	283	630,328						145,805	
10. Hospital Patient Days Incurred	66,531		5,592						60,939	
11. Number of Inpatient Admissions	15,762		1,292						14,470	
12. Health Premiums Written (b)	313,779,393	151,081	57,189,303						256,439,009	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	313,779,393	151,081	57,189,303						256,439,009	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	258,071,014	155,548	47,447,725						210,467,741	
18. Amount Incurred for Provision of Health Care Services	258,615,354	162,901	48,775,122						209,677,331	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	91,918	26	13,003						78,889	
2. First Quarter	91,665	34	13,863						77,768	
3. Second Quarter	91,106	35	15,008						76,063	
4. Third Quarter	92,057	34	16,305						75,718	
5. Current Year	93,427	35	17,163						76,229	
6. Current Year Member Months	1,107,698	415	184,250						923,033	
TOTAL Member Ambulatory Encounters for Year:										
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12. Health Premiums Written (b)	313,779,393	151,081	57,189,303						256,439,009	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	313,779,393	151,081	57,189,303						256,439,009	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	258,071,014	155,548	47,447,725						210,467,741	
18. Amount Incurred for Provision of Health Care Services	258,615,354	162,901	48,775,122						209,677,331	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0999999 Total (Sum of 0399999 and 0699999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
22667	95-2371728 ...	01/01/2011	ACE AMER INS CO	PA	353,336	.....
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					353,336	.....
1399999 Total - Accident and Health - Non-Affiliates					353,336	.....
1499999 Total - Accident and Health					353,336	.....
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					353,336	.....
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....						.....
1799999 Total (Sum of 0799999 and 1499999)					353,336	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
22667	95-2371728	01/01/2011	ACE AMER INS CO	PA	SSL/L/I	1,489,443						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,489,443						
0699999 Total - General Account - Authorized - Non-Affiliates						1,489,443						
0799999 Total - General Account Authorized						1,489,443						
1499999 Total - General Account - Unauthorized												
1599999 Total - General Account - Authorized and Unauthorized						1,489,443						
2299999 Total - Separate Accounts - Authorized												
2999999 Total - Separate Accounts - Unauthorized												
3099999 Total - Separate Accounts - Authorized and Unauthorized												
3199999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699993, 1999999, 2399999 and 2699999)						1,489,443						
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)												
3399999 Total (Sum of 1599999 and 3099999)						1,489,443						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
2599999 Total (Sum of 1599999 and 2299999) X X X ...	. X X X .	..... X X X .....	.....	.....	.....	.....	.....

(a)

Code	American Bankers Association (ABA) Routing Number	NONE	
.....	

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums	1,131	847	666	319	153
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	358	372	313	283	551
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	353	448	249	175	80
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	123,041,980		123,041,980
2. Accident and health premiums due and unpaid (Line 15)	779,976		779,976
3. Amounts recoverable from reinsurers (Line 16.1)	353,336		353,336
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	2,844,739		2,844,739
6. TOTAL Assets (Line 28)	127,020,031		127,020,031
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	35,767,899		35,767,899
8. Accrued medical incentive pool and bonus payments (Line 2)	3,125,581		3,125,581
9. Premiums received in advance (Line 8)	169,028		169,028
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	5,564,681		5,564,681
13. TOTAL Liabilities (Line 24)	44,627,189		44,627,189
14. TOTAL Capital and Surplus (Line 33)	82,392,843	X X X	82,392,843
15. TOTAL Liabilities, Capital and Surplus (Line 34)	127,020,032		127,020,032
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
39	McLaren Hlth Grp	13789	27-1780283				McLaren Health Plan Insurance Company	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	00000	38-2689603	.....	.....	.....	Lapeer Regional Medical Center Foundation	US .....	... NIA ..	Lapeer Regional Medical Center .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	00000	38-1218516	.....	.....	.....	Mount Clemens Regional Medical Center	US .....	... NIA ..	McLaren HealthCare Corp .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	00000	38-2578873	.....	.....	.....	Mount Clemens Regional HealthCare Foundation	US .....	... NIA ..	Mount Clemens Regional Medical Center .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	00000	91-2141720	.....	.....	.....	McLaren Health Advantage	US .....	... DS ..	McLaren Health Plan .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	00000	27-2204037	.....	.....	.....	McLaren Health Plan Community	US .....	... DS ..	McLaren Health Plan .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....
.....	00000	.....	.....	.....	.....	McLaren Insurance Company LTD.	US .....	... NIA ..	McLaren HealthCare Corp .....	..... Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	382397643	MCLAREN HEALTH CARE CORPORATION	18,000,000				1,419,788				19,419,788	
	75-2847104	ANTHELIO HEALTHCARE SOLUTIONS					182,330				182,330	
95848	38-3383640	MCLAREN HEALTH PLAN	(18,000,000)	(3,000,000)			3,056,911				(17,943,089)	
	38-2383119	MCLAREN REGIONAL MEDICAL CENTER					6,607				6,607	
13789	27-1780283	MCLAREN HEALTH PLAN INS CO					(380,905)				(380,905)	
	91-2141720	HEALTH ADVANTAGE INC.					(4,284,731)				(4,284,731)	
	27-2204037	MCLAREN HEALTH PLAN COMMUNITY		3,000,000							3,000,000	
9999999 Control Totals							0		X X X		0	

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
9584820113600000 2011 Document Code: 360

Health Life Supplement
9584820112050000 2011 Document Code: 205

Health Property / Casualty Supplement
9584820112070000 2011 Document Code: 207

Schedule SIS
9584820114200000 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
9584820113710000 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
9584820113700000 2011 Document Code: 370

Medicare Part D Coverage Supplement
9584820113650000 2011 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
9584820112240000 2011 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
9584820112250000 2011 Document Code: 225

Approval for Relief related to Require. for Audit Committees
9584820112260000 2011 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



9584820113060000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95848201121100000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95848201121300000 2011 Document Code: 213

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	81,664		81,664	64,405
1105. SELF INS TRUST FUND CTF	76,507		76,507	54,685
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	158,172		158,172	119,090

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Community Support	3,424	13,696	48,725		65,845
2505. Business Development	1,945	7,778	27,672		37,395
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	5,368	21,474	76,398		103,240

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. INTANGIBLE ASSET - PHP		21,512	21,512
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)		21,512	21,512

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